

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>Only for new nonprovisional applications under 37 CFR 1.53(b)</i>		Attorney Docket No. 16597	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		First Inventor or Application Identifier Henry Milan	
		Title Pop-Out Outlets for Housings	
		Express Mail Label No. EL 975498155 US	
<b>MAIL STOP PATENT APPLICATION</b> Commissioner for Patents <b>ADDRESS TO:</b> P. O. Box 1450 Alexandria, VA 22313-1450		<b>ACCOMPANYING APPLICATION PARTS</b>	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>(See 37 CFR 1.27)</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>11</u> ] <i>(preferred arrangement set forth below)</i> — Descriptive title of the Invention — Cross References to Related Applications — Statement Regarding Fed sponsored R&D — Reference to sequence listing, a table, or a computer program listing appendix — Background of the Invention — Brief Summary of the Invention — Brief Description of the Drawings <i>(if filed)</i> — Detailed Description — Claim(s) — Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>12</u> ] 5. Oath or Declaration [Total Pages <u>2</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> [Note Box 5 below] <b>DELETION OF INVENTORS</b> i. <input type="checkbox"/> Signed statement attached deleting inventor(s) named in the prior application, see CFR §§ 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies	
18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner <u>Ross N. Gushi</u> of prior Application No. <u>10 / 313,312</u> Group/Art Unit <u>2833</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents) 10. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> . 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certificate under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other: _____	
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label      or <input type="checkbox"/> Correspondence address below			
<b>04859</b> PATENT TRADEMARK OFFICE			
Name William J. Clemens, Esq.			
Address _____			
City _____		Zip Code _____	
Country _____	Telephone 734/542-0900	Fax 734/542-9569	
Name (print/type) William J. Clemens		Registration No. (Attorney/Agent) 26,855	
Signature <i>William J. Clemens</i>		Date October 30, 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231  
 c:\forms\pto-sb05.doc


## Certificate of Mailing by Express Mail

"Express Mail" Mailing Label No. EL 975498155 US Date of Deposit October 30, 2003. I hereby certify that this paper or fee is being deposited in the United States "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Terri L. Fox

 031088 U.S. PTO  
 10/696987  
 10/3003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b>				<b>Complete if known</b>	
<b>For FY 2003</b>					
Effective 01/01/2003. Patent fees are subject to annual revision.				Application Number	
				Filing Date	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor	
				Henry Milan	
				Examiner Name	
				Group/Art Unit	
TOTAL AMOUNT OF PAYMENT (\$ 385 )				Attorney Docket No. 16597	
<b>METHOD OF PAYMENT (check one)</b>			<b>FEE CALCULATION (continued)</b>		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:					
Deposit Acct. No. 13-0005 Deposit Acct. Name MacMillan, Sobanski, & Todd, LLC The Commissioner is authorized to: (Check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this action <input type="checkbox"/> Charge fee(s) indicated below, except the filing fee, to the above-identified deposit account.					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>			<b>3. ADDITIONAL FEES</b>		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	385
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					\$ 385
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>					
			Fee from		
			Extra Below Fee Paid		
Total Claims	20	20** = 0	18/9 =		
Independent Claims	3	3** = 0	x 86/43 =		
Multiple Dependent			x 290/145 =		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					\$ 0
			** or number previously paid, if greater; for Reissues, see above		
			<b>Other fee (specify)</b>		
			<b>*Reduced by Basic Filing Fee Paid</b>		
			<b>SUBTOTAL (3)</b>		
			\$ 0		
<b>SUBMITTED BY</b>					<b>Complete (if applicable)</b>
Typed or Printed Name William J. Clemens					Reg. No. 26,855
Signature 					Deposit Account User ID
Date October 30, 2003					

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.